NO2000003795

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COVER LETTER

Division of Corporations Ministerio De La Hora 25, Inc. NAME OF CORPORATION: N02000003795 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Amaryllis Benejan-Mendez (Name of Contact Person) Ministerio De La Hora 25, Inc. (Firm/ Company) P.O. Box 574234 (Address) Orlando, FL 32857-4234 (City/ State and Zip Code) ministeriodelahora25@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amaryllis Benejan-Mendez 407-470-9369 (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Ministerio De La Hora 25, Inc.

2022 AUG 15 PM-3: 05

N02000003795		TALLAHASSE
(Document	Number of Corporation (if kn	own)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
name must be distinguishable and contain the word "co		The new
"Company" or "Co." may not be used in the name.	rporation or incorporatea	or the abbreviation "Corp. or "Inc.
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDI</u>	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	
D. If amending the registered agent and/or registere	d office address in Florida	enter the name of the
new registered agent and/or the new registered of	ffice address:	ence the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Flo	rida street address)
		Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regis		
hereby accept the appointment as registered agent. I	am familiar with and accept t	he obligations of the position.
	Signature of New Register	red Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	AP	Rafael Angel Bruno	Orlando, FL 33825
x Remove			
2) <u>*</u> Change Add	ОМ	Efrain Narvaez	Chumical Calle Panama Casa #3
Remove 3) Change Add Remove			Panama. Republica de Panama, PA
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add	 		
Remove			1
E. If amending or addin (attach additional sheet	g additions.	nal Articles, enter change(s) here: ssary). (Be specific)	
Efrain Narvacz New Title	is Ordair	ned Minister.	
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	August 11, 2022	
The date of each amendment date this document was signed	u(s) adoption:	, if other than the
date this document was signed		
Effective date if applicable:	August 11, 2022	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on t	nis block does not meet the applicable statutory filing requirements, this che Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amend oppoval.	ment(s)

opted by the boa	August 11, 2022
Dated	/)
Signature	Grayllis Benyax Mends
	By the chairman or vice chairman of the board, president or other officer-if directors
	have not been selected, by an incorporator - if in the hands of a receiver, trustee, or
	other court appointed fiduciary by that fiduciary)
	Amaryllis Benejan-Mendez
	(Typed or printed name of person signing)
	Secretary

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

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